ing power of the remedy. In less than a month all the symptoms had vanished and the patient demanded his discharge.

It is hardly necessary to say that the affection was undoubtedly hysteria.

The second case was that of a roofer, thirty-eight years old. One year ago he experienced a severe fright in falling on a roof. A chimney stopped him and saved his life; but when he was picked up he was paralyzed on one side and aphasic. He was removed to the hospital, and cured in five months and a half.

Two weeks ago, after a severe mental shock, he fell down unconscious, and when he came to himself he was affected with trembling, which has grown worse ever since. In the right arm it is a tremor resembling paralysis agitans. When any movement is attempted the tremor in the right arm ceases, but the member moved is affected with tremor which closely resembles that of multiple sclerosis. His speech is slow and halting, but the tongue does not tremble. There is almost complete anæsthesia of the entire surface of the body. The knee-jerks are exaggerated; ankle-clonus present. When attempting to walk, he cannot hold himself erect without assistance, and the body is affected with continual shocks.

This case left the hospital before the crucial test of cure could be applied. These two cases belong in the same category, however. It is always hysteria, that protean neurosis, imitating first one disease, then another, occasionally superposing itself upon other affections, but never combining with them. W. F. R.

MORVAN'S DISEASE A CLINICAL FORM OF SYRINGOMYELIA.

Before the Société Médicale des Hôpitaux, of which there is a report in "Mercredi Médical," March 4, 1891, Dr. M. A. Joffroy recently gave some details of an autopsy held upon a subject who had succumbed to Morvan's disease, showing results that substantiated his earlier idea that this affection is simply a very original yet perfectly characteristic variety of syringomyelia. In the case cited the disease began about the age of twenty, and lasted twenty-eight years. The right hand presented typical deformities that had affected the thumb, the index, middle and ring fingers. There was restriction of the visual field,

in all probability due to hysteria, which was also present, this symptom not belonging properly to syringomyelia.

Autopsy revealed cavities and segmentation in the cord and immense loss of substance. L. F. B.

NERVE-COMPRESSION DUE TO CALLUS.

In the "Gazette Hebdomadaire de Médecine et de Chirurgie," March 14, 1891, there is an exhaustive paper on this subject that contains much of interest by the late Dr. Trelat. Nerve abnormities following fractures are numerous. Sometimes the cause of the fracture is also the origin of the nerve injury. Again, spicula of the broken bone may lacerate or run through a nerve, or the nerve substance may be imprisoned by the reduction of the fracture. All these possibilities are excluded in the present consideration of nerve-compression.

The author cites a case illustrating the good effects of surgical interference, in which there was compression of the radial nerve following the reduction of a fracture of the humerus in a child of eight. After perfect union was established, there remained a paralysis and atrophy of the extensors and an intensely painful spot just underneath and in front of the epicondyle. There was an extensive and deforming callus at the seat of fracture. Liberation of the nerve resulted in complete use and health of the arm, the child later as a youth winning prizes in athletic sports.

A similar paralysis in a man of forty was treated by the knife, with the result of retarding union of the bone and inducing an abscess at the point of incision. Muscular movements were recovered in time. Paralysis in such cases is not immediate, appearing only one, two or three months after the accident, and progressing slowly as different branches of special nerve-trunks are involved. There is rapid muscular atrophy and sometimes altered sensation. Surgery alone has power to relieve this condition, which in itself is sufficiently serious, the nerve-degeneration being rapid and the compression often setting up an ascending neuritis or myelitis.

Pressure on a nerve may come from underneath as well as from imprisonment, the mass of callus raising and stretching the nerve substance or partially inclosing it in a little channel of osteo-fibrous material or of pure bone. The order of compression depends largely upon the locality of the fracture. In case of pressure from underneath, when the nerve is raised up, instead of being smooth, round,